

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344002		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MCCAMPBELL B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2007	
NAME OF PROVIDER OR SUPPLIER BROUGHTON HOSP				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 S STERLING ST MORGANTON, NC 28655			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 011	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p>			K 011			
K 032	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 23, 2007 at approximately 9:30am onward, the two hour barrier between the wood truss attic area and the Type I construction is incomplete. There is no fire door assembly in door opening between opposite construction types.(Door 287 -McC Campbell)</p> <p>Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2</p>			K 032			
K 046	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 23, 2007 at approximately 9:30am onward, there are no gaurdrails on loading dock area that borders a required exit discharge near room 157.(T&U unit - McC Campbell Bldg)</p> <p>Emergency lighting of at least 1½ hour duration is</p>			K 046			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 046	Continued From page 1 provided in accordance with 7.9. 19.2.9.1.	K 046			
K 067	This STANDARD is not met as evidenced by: Based on observation, on August 23, 2007 at approximately 9:30am, the exit discharge light is not functioning near room 121.(T&U unit - McC Campbell Bldg) NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067			
K 070	This STANDARD is not met as evidenced by: Based on observation, on August 23, 2007 at approximately 9:30am onward, there are no fire dampers in duct penetrations of floor/ceiling assembly.(Basement -T&U Ward - McC Campbell Bldg) NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: Based on observation, on August 23, 2007 at	K 070			

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K 070	Continued From page 2 approximately 9:30am onward, a high-temperature portable space heater was observed in social work supervisor's office.	K 070			